| Updates | | | |
|-------------------|---|--|---------------------------|
| Item Number | Item Name | Description | Primary Impacted Audience |
| Number CR 188459 | 5 Handle Residential Services CTC in Billing | The system was updated to ensure Providers can view details related to Cost of Care (CTC) for individuals in Residential services. This update enables Cost of Care information that is deducted in Medicaid's MMIS system to be visible to providers in the LTSSMaryland Provider Portal. This provides transparency for the providers as Providers can now view CTC deduction on MMIS payments to reconcile applicable payments received. Providers will be able to view the CTC information on the claim details section of the Residential Services in Provider Portal. This can be found in the "Services" tab. in Provider Portal the CTC amount that the Person or the Person's guardian are responsible to pay for the Residential services received. Comparison of the Residential Service in Provider Portal the CTC amount that the Person or the Person's guardian are responsible to pay for the Residential services received. Comparison of the Residential Service in Provider Portal the CTC amount that the Person or the Person's guardian are responsible to pay for the Residential services received. Comparison of the Residential Service in Provider Portal the CTC amount that the Person or the Person's guardian are responsible to pay for the Residential services received. Comparison of the Residential Service in Provider Portal the CTC amount that the Person or the Person's guardian are responsible to pay for the Residential Services Provider Provid | Pilot Provider Agencies |
| | | Note: In Screenshot above, CTC deduction subtracted from Provider billed amount in MMIS. This results in reduced payment for this specific claim. The following reports were also updated to display "CTC Amount": 1) Provider Portal Claims Report 2) Remittance Advice Report. | |
| WO-17 | 7 Geographic Differential for CCS Activities | Starting July 1 2020, CCS Activities submitted for billing will be paid using two (2) different rates: a STANDARD RATE and a GEOGRAPHIC DIFFERENTIAL RATE. The system will determine what rate is to be paid based on the individual's address. Address locations in some Maryland counties will have a geographic differential rate* Currently, CCS Agencies are required to ensure address for individuals in service are updated. It becomes increasingly important that the individual's address is correct and updated whenever there are any changes (if the individual moves). The address marked as "current address" in the system will be the determinant for if the CCS activity is paid at a STANDARD RATE or paid at a GEOGRAPHIC DIFFERENTIAL RATE. CCS Agencies are able to track to the payments and activities as usual. Additionally, a report is being created simply for tracking rates tied to activities in order to assist CCS agencies with being tracking and review of services provided, activities billed and rate paid. *Additional detailed guidance will be shared with CCS Agencies. Please reference the guidance for details and directions around this process as well as the list of counties where a geographic differential rate applies. | All CCS Agencies |

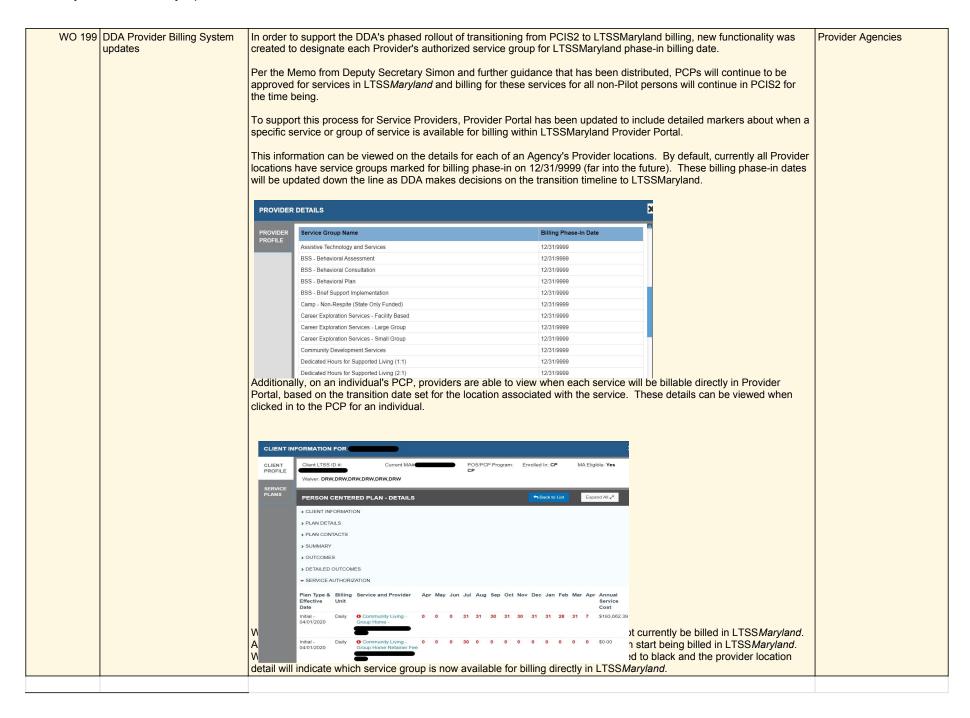
7/8/2020

| WO-190 | DDA Updates to Auto Extend Service Plans | Additional updates were made to the functioning of Auto Extend Service Plans. This is to ensure that providers who bill against an Auto-Extend Service plan are able to get appropriately paid for the services rendered during the auto-extend period. The system will ensure that the authorization in the Auto-Extend PCP carries the appropriate amount of units and Pilot Providers can accurately bill against the auto-extend PCP. | ALL |
|-----------|---|---|------------------------------|
| | Appeal Functionality | The DDA has established LTSS <i>Maryland</i> functionality to support the continuation of services authorized in the Person-Centered Plan (PCP) during the appeal process. Given that an individual loses DDA Waiver or state funded eligibility AND submits a timely appeal, the following steps should be followed and LTSSMaryland processes will occur: 1) DDA Appeals staff enters the appeal information into the LTSS <i>Maryland</i> "Appeals" module. 2) Upon submission, the participant's PCP is locked by the system to maintain all current services while the appeal is in progress. No service changes will be allowed during the Appeal timeframe. 3) The Eligibility Determination Division (EDD) will receive a LTSS <i>Maryland</i> alert when an appeal is documented in the system. 4) EDD will re-opens the Waiver Special Program Code (SPC) Span in MMIS which will be reflected in LTSS <i>Maryland</i> . 5) The Appeal decision is rendered by the court (e.g., Affirmed or Dismissed). 6) DDA Appeals staff updates the LTSS <i>Maryland</i> Appeals module with the appeal decision. 7) The Coordinators of Community Services (CCS) may make any necessary updates or revisions to the individual's services, if needed and based on the decision. During the appeals process, Pilot Provider Agencies are able to continue providing previously approved services and to complete billing in LTSS <i>Maryland</i> for the services. Additional guidance and a process document will be sent out on this item. | ALL |
| | Updates to Reports to includes Appeals information | Due to the updates to the appeals processes, some system reports will now highlight PCPs for individuals who are in the appeals process. The following reports will be updated to include an appeals "tag" to indicate whether the individual is currently in appeal proceedings or not: 1) Authorized Client Report 2) CCS- All Person-Centered Plans Report | CCS Agencies, DDA HQ & RO |
| CR 197863 | ADD "Waiver Re-Enrollment" Wave | An additional wave called the "Waiver Re-enrollment" wave has been added as a new wave to LTSSMaryland. This new "Waiver Re-enrollment" wave will support the creation of a DDA Waiver Application Packet to re-enter services. This wave will be used to support: 1. Individuals who have were disenrolled from a Waiver due to failure to complete the financial eligiblity or other requirements; 2. Individuals who may have not had a wave history but were previously enrolled in a Waiver; and 3. Individuals applying to a DDA Waiver program with active/inactive PCP. Additional information and guidance will be provided around the use of this new Wave. | DDA HQ & RO, CCS Agencies |

7/8/2020 2

| WO 197 | EDD LTSS <i>Maryland</i> Process Updates | EDD Processes were updated in LTSS <i>Maryland</i> to allow for ease of functioning. The following changes were made: | EDD, DDA RO |
|--------|---|--|-------------|
| | opeates | 1) Authorization To Participate (ATP) no longer required in order to complete an Overall Decision Form (ODF). This means EDD can complete an Approve/Deny/Disenroll ODFs for individuals without a corresponding ATP. - DDA Regional offices should still submit ATPs for all enrollment and disenrollments. - In cases where there is historical enrollment for an individual and an updated ODF needs to be submitted, EDD can create and submit an ODF without a required ATP from the Regional Office. - EDD can also complete a denial ODF where needed for outdated application packets (over 6 months old) or for financial determinations where the person is determined ineligible. | |
| | | Remove Medicaid coverage group check to create CTC Worksheet for individuals The system will no longer check for the coverage group when EDD user is creating a CTC worksheet | |
| | | Updates to MyList and Alerts MyList page updated to include a new section to view changes to individual address, services and program disenrollment. EDD Change Unit Staff and Supervisors will receive alerts in LTSS for people enrolled in any of the DDA's waiver programs when their address changes. Alerts about address change will also capture the date of the change. MyList page to be updated with Disenrolled Clients that will be searchable for a given date range, up to one (1) year. | |
| | | 4) EDD - Clients with Service Changes in MyList page - EDD users are able to view service changes for assigned individuals on the MyList page For all individuals who are in residential services, any changes to their residential services (whether removed, added, or updated) will be notified to EDD on the MyList page. | |

7/8/2020 3



7/8/2020

| DEFECTS | | | |
|----------------|---|---|---------------------------------------|
| Item Number | Item Name | Description | Primary Impacted Audience |
| 288460 | PCP unable to view plan due to "End/Start Date" error | Issue: Some older PCPs that were still in progress could not be accessed by CCS Agencies and DDA. Error message indicated "Error: End Date cannot be before Start Date." Fix: Issue was resolved and all PCPs can be accessed by any authorized user. | CCS Agencies, DDA Regional Offices |
| 213601 | PCPs with additional service authorized months | Issue: Some PCPs created with two additional months of service authorization beyond the Annual PCP date. Fix: Additional incorrect months updated and deleted from the service authorization. The fix was applied on 6/11/2020. DDA distributed some additional information to all system users about this fix that was applied in the system. | ALL |
| 286934 | PCP system generated duplicative Auto Extend PCPs & CCS Monitoring & Follow up (MFU) forms | Issue: The system was generating duplicate Auto-Extend Person Centered Plans overnight for some individuals. Duplicate Monitoring and Follow Up (MFU) Forms were also being created as a result. Fix: On 6/11/2020 a fix was entered to stop the duplication of these PCPs and MFU forms. A follow-on data patch will be released to remove the duplicate auto-extend PCPs. | CCS Agencies, DDA Regional Offices |
| 270871 | DDA Pilot Provider Billing: Leap Year 2-29-2020 | Issue: Pilot Providers unable to bill for services rendered on 2/29/2020 Fix: A data patch was applied for that particular date to ensure that service authorization properly extended beyond 2/28 to 2/29. Pilot providers are now able to submit billing units against the date of 2/29/2020. | Pilot Providers |
| 266435 | PCP: Auto Extend incorrect copy | Issue: If a participant has a Person Centered Plan with plan year equal to 12 months or lesser, Auto Extend PCP does not copy services appropriately. Fix: Auto-Extend updated to ensure appropriate copy of services from the correct associated PCP | ALL |
| 260690 | Provider Portal Exception Type: Client Overlap, SA Validation default incorrect status "Pending MDH" | Issue: When a participant has an overlap of two services, causing the Exception Type "Client Overlap", and all services are from the same agency, the status of the activity is incorrectly defaulting to "Pending MDH" when it should be "Pending Provider" status. Fix: The system will correctly mark these overlaps as "Pending Provider". Pilot Providers will be able to resolve these exceptions. | Pilot Providers |
| 258408 | PP: Missing clock in/out exception count incorrectly including current day | Issue: The Missing Clock-in / Missing Clock-out Exception Count is incorrectly including the current day. This issue may cause provider confusion, as the search results total number will not match the numerical value of the Missing Clock-in / Missing Clock-out exceptions count, when navigated to that widget hyperlink. Also, providers should note that these Exceptions are not editable on the same day. Fix: Exceptions count on Provider Portal will NOT include the current day items. When Pilot Providers navigate by clicking the exception count hyperlink, the total number of exceptions listed should match the number on the homepage. | Pilot Providers |
| 266718 | Daily Activity: Adjustment to paid activity in daily record calendar | Issue: User receives error message when trying to adjust paid CCS activities in the Daily Activity Calendar. Fix: System updated to ensure that CCS users can complete adjustments to activities via the Daily Activity Calendar screen. | CCS Agencies |

7/8/2020 5